FEC

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. House Freedom Action 300 Independence Ave. SE ADDRESS (number and street) (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS hfa@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) HouseFreedomAction.com (Check if address is changed) DATE 29 2019 C00662221 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Brown, Megan, , , Type or Print Name of Treasurer Brown, Megan, , , [Electronically Filed] 04 29 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FI	FC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE	OF C	OMMITTEE	1 aye 2
Cano	didate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.))
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name Candid			
Candid Party	date Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	y Con	nmittee:	(D
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politi	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		- J
House Freedon	n Action	
	Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
NONE		
Mailing Address		
ag / taareee		
		I I-I
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representativ	e Leadership PAC Sponsor
 Custodian of Records: Idea books and records. 	ntify by name, address (phone number optional) and position of the pers	on in possession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
8. Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; ar assistant treasurer).	nd the name and address of
Full Name Brown, Me	gan, , ,	
Mailing Address	824 S. Milledge Ave.	
	Ste. 101	
		30605
Title or Position Treasurer	CITY STATE 706 Telephone number	ZIP CODE 7780

	m 1 (Revised 02/2009)		
Full Name of Designated Agent	Goode, Michael, , ,		
Mailing Address	824 S. Milledge Ave.	1 1 1 1 1 1	
y y	Ste. 101		
	Athens	GA 306	605
	CITY S	TATE	ZIP CODE
Title or Position Assistant Treas	surer Telephone numbe	er 706	- 534 - 7780
CHIDANA MADACIT A			
	oxes or maintains funds. Depository, etc.		
Name of Bank,		1 1 1 1 1 1	
-	Depository, etc. Wells Fargo ,300 N. Washington St.		
Name of Bank,	Depository, etc. Wells Fargo ,300 N. Washington St.		
Name of Bank,	Depository, etc. Wells Fargo ,300 N. Washington St.	VA 223	314
Name of Bank,	Depository, etc. Wells Fargo 300 N. Washington St. Alexandria	VA 223	314 ZIP CODE
Name of Bank,	Depository, etc. Wells Fargo 300 N. Washington St. Alexandria CITY S		
Name of Bank,	Depository, etc. Wells Fargo 300 N. Washington St. Alexandria CITY S		
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Wells Fargo 300 N. Washington St. Alexandria CITY S Depository, etc. Capital One 11697 Westheimer		
Name of Bank,	Depository, etc. Wells Fargo 300 N. Washington St. Alexandria CITY S Depository, etc. Capital One 11697 Westheimer		
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Wells Fargo 300 N. Washington St. Alexandria CITY S Depository, etc. Capital One 11697 Westheimer		ZIP CODE